

Official Waiver & Release of Liability & Indemnification Form

I, the undersigned player or the parent or legal guardian of a minor player named below, acknowledge, agree and understand that: 1) Voluntarily and of my own free will, I elect to participate as a member of this team and league indicated below. 2) I understand that there are certain risks and hazards involved in participating in sports including, but not limited to those hazards associated with weather conditions, playing conditions, equipment and other participants in addition to the acts of pitching, throwing, fielding, kicking, and catching of the ball, running, jumping, stretching, sliding, diving and collisions with other players and with stationary objects, all of which can cause serious injury or death to me and to other players. Further, I agree that in consideration for the right to play as a member of the team designated below and in consideration for permission to play on the field arranged for by the team or league: 1) I voluntarily elect or accept and solely assume all risk of damages, injury, including death, incurred or suffered by me (a) while practicing or playing as a member of the team so designated, (b) while serving in a non-playing capacity as a team member or observer during practice of play by other teams or by other players on my team, and (c) while on or upon the premise of any and all of the fields arranged for by my team or league for practice or play. 2) I release, discharge and agree not to sue the team and/or league designated below or any owner or leasee of fields on which sports are played or practiced by my team or the Texas Amateur Athletic Federation and College Station Parks and Recreation Department, or their owners, officers, agents, servants, associations, employees, or any person or entity connected with the team, league, field or the Texas Amateur Athletic Federation or the College Station Parks and Recreation Department for any claim, damages, costs or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by me for whatever cause including but not limited to the negligence, breach of contract or wrongful conduct of the parties hereby released. I further agree that I shall hold harmless and fully indemnify the parties hereby released from any claims, damages, costs including attorney fees, and cause of action which may arise from any claim or cause of action made by me, through me or on my behalf even if the damages, injuries or death are caused in whole or in part by any of the parties or entities hereby released. I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ON THE ABOVE PROVISIONS IN THE WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

City of College Station Adult Kickball League Official Roster Form

League: Co-Ed 8.5"

Team Name _____ Manager _____ Home Phone _____ Work Phone _____

Print/Type Name of Player	Player's Signature	Date Signed	Home Phone	Work Phone	E-mail Address
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____	_____
11. _____	_____	_____	_____	_____	_____
12. _____	_____	_____	_____	_____	_____
13. _____	_____	_____	_____	_____	_____
14. _____	_____	_____	_____	_____	_____
15. _____	_____	_____	_____	_____	_____
16. _____	_____	_____	_____	_____	_____
17. _____	_____	_____	_____	_____	_____
18. _____	_____	_____	_____	_____	_____
19. _____	_____	_____	_____	_____	_____
20. _____	_____	_____	_____	_____	_____

Official Waiver & Release of Liability & Indemnification Form

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City of College Station Adult Kickball League Add – Drop Form

League: Co-Ed 8.5"

Team Name _____ Manager _____ Home Phone _____ Work Phone _____

Add / Drop	Print Name of Player	Player's Signature	Date Signed	Home Phone	Work Phone	E-mail Address
<input type="checkbox"/> / <input type="checkbox"/>	1. _____	_____	_____	_____	_____	_____
<input type="checkbox"/> / <input type="checkbox"/>	2. _____	_____	_____	_____	_____	_____
<input type="checkbox"/> / <input type="checkbox"/>	3. _____	_____	_____	_____	_____	_____
<input type="checkbox"/> / <input type="checkbox"/>	4. _____	_____	_____	_____	_____	_____
<input type="checkbox"/> / <input type="checkbox"/>	5. _____	_____	_____	_____	_____	_____
<input type="checkbox"/> / <input type="checkbox"/>	6. _____	_____	_____	_____	_____	_____
<input type="checkbox"/> / <input type="checkbox"/>	7. _____	_____	_____	_____	_____	_____
<input type="checkbox"/> / <input type="checkbox"/>	8. _____	_____	_____	_____	_____	_____
<input type="checkbox"/> / <input type="checkbox"/>	9. _____	_____	_____	_____	_____	_____
<input type="checkbox"/> / <input type="checkbox"/>	10. _____	_____	_____	_____	_____	_____

Date _____ Received By _____ Accepted _____